

REVISED
2011 ANNUAL MEETING
MEDICAL SOCIETY OF NEW JERSEY

Report: MSNJ Reference Committee +

Presented by: Nicole A. Henry-Dindial, MD, Chair

NB: Only the Resolve portions of the resolutions are considered by the House of Delegates. The Whereas portions or preambles are informational and explanatory only.

1 **SECRETARY**

2
3 **Recommendation:**

4
5 The Reference Committee recommends that the report be filed.

6
7 **TREASURER**

8
9 **Recommendation:**

10
11 The Reference Committee recommends that the report be filed.

12
13 **COMMITTEE ON FINANCE AND BUDGET**

14
15 **Recommendation:**

16
17 The Reference Committee recommends that the report be filed.

18
19 **NOMINATIONS FOR EMERITUS MEMBERSHIP**

20
21 **Recommendation:**

22
23 The Reference Committee recommends that the nominations be approved.

MSNJ REFERENCE COMMITTEE

Page 2

1 **RESOLUTION 1 – COLLECTIVE BARGAINING SHOULD BE ALLOWED BY**
2 **NEW JERSEY PHYSICIANS**

3
4 *Resolved, that the Medical Society of New Jersey sponsor and/or support state*
5 *and federal legislation which allows private and/or self-employed doctors to*
6 *engage in collective bargaining with insurers and/or payors.*

7
8 **Recommendation:**

9
10 The Reference Committee recommends that Resolution 1 be adopted as
11 reaffirmation of existing policy and referred to the AMA Delegation for action.

12
13 **RESOLUTION 1A – SPONSORSHIP OF LEGISLATION TO MODIFY/REPEAL**
14 **ANTITRUST EXEMPTION AFFORDED TO INSURERS**

15
16 *Resolved, that the Medical Society of New Jersey ~~sponsor~~ encourage ~~and/or~~*
17 *~~support~~ federal legislation that will modify and/or repeal the antitrust exemptions*
18 *afforded to healthcare insurers by the McCarran-Ferguson Act; and be it further*

19
20 *Resolved, that this resolution be referred to the AMA Delegation.*

21
22 **Recommendation:**

23
24 The Reference Committee recommends that Resolution 1A be adopted as
25 amended.

26
27 **RESOLUTION 2 – BINDING ARBITRATION**

28
29 *Resolved, that our American Medical Association adopt policy that supports the*
30 *utilization of negotiable, pre-dispute binding arbitration as an effective method of*
31 *doctor-patient conflict resolution; and be it further*

32
33 *Resolved, that the MSNJ Delegation to the AMA present this resolution for*
34 *consideration by the AMA House of Delegates at the next annual or interim*
35 *meeting.*

36
37 **Recommendation:**

38
39 The Reference Committee recommends that Resolution 2 be adopted.

40
41 NOTE – The Reference Committee notes that the proponent of the resolution
42 declared a conflict of interest. The proponent is compensated by an insurance
43 company that sells a product that relies on pre-dispute binding arbitration clauses.

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1 **RESOLUTION 3 – MEDICARE HOSPITAL STAY; LONG-TERM**
2 **CARE/REHABILITATION**

3
4 *Resolved, that the Medical Society of New Jersey, through the AMA Delegation,*
5 *petition the Center for Medicare and Medicaid Services (CMS), other regulatory*
6 *bodies, or U.S. Congress, to reduce or eliminate the hospital stay requirement for*
7 *sub-acute rehabilitation/skilled or long-term care Medicare benefits.*

8
9 **Recommendation:**

10
11 The Reference Committee recommends that Resolution 3 be adopted.

12
13 **RESOLUTION 4 – MODIFICATION OF RELATIVE VALUE UNIT (RVU)**
14 **DETERMINATION**

15
16 *Resolved, that the “time used” to perform a physician service is not to be used to*
17 *lower the level of service to be billed ~~included~~ in an RVU determination; and be it*
18 *further;*

19
20 *Resolved, that this resolution be forwarded to the AMA.*

21
22 **Recommendation:**

23
24 The Reference Committee recommends that Resolution 4 be adopted as amended.

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1 **RESOLUTION 5 – PHYSICIAN REQUIREMENTS FOR ACCOUNTABLE CARE**
2 **ORGANIZATIONS (ACOs)**

3
4 *Resolved, that our AMA insist that physicians have the majority decisive power*
5 *regarding the delivery of health care services by an ACO to preserve the strength*
6 *of the physician-patient relationship; and be it further*
7

8 **RESOLUTION 23 – PHYSICIAN PROTECTION FROM RISK WITH**
9 **ACCOUNTABLE CARE ORGANIZATIONS (ACOs)**

10
11 ~~RESOLVED, that Congress of the United States of America will provide a legal~~
12 ~~framework for physician indemnification.~~

13
14 Note – Resolution 23 be combined with Resolution 5 due to the similar subject
15 matter.

16
17 **Recommendation:**

18
19 The Reference Committee recommends the following Substitute Resolution 5 be
20 adopted in lieu of Resolutions 5 and 23.

21
22 Resolved, that MSNJ submits a resolution to the AMA Delegation that absolves
23 individual physicians from financial risk in ACOs.

24
25 Note –Substitute Resolution 5 The Reference Committee determined the
26 financial risk includes liability risk. Therefore, the committee believes that
27 financial risks of all types are addressed in the substitute resolution

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1 **RESOLUTION 6 – REDUCTION IN THE COST OF PHYSICIAN EDUCATION**
2 **AND STUDENT INDEBTEDNESS**

3
4 *Resolved, that the AMA and MSNJ support financial responsibility of students*
5 *to pay, but not to a lifetime of educational indebtedness; and be it further;*

6
7 *Resolved, that the AMA and MSNJ support and pursue the concept of a less-*
8 *expensive educational price tag to achieve a physician degree; and be it further*

9
10 *Resolved, that the AMA and MSNJ support the concept that loans are not an*
11 *answer to a vibrant new AMA/MSNJ practitioner with patient interaction versus*
12 *debt-burden repayment on his/her mind.*

13
14 **Recommendation:**

15
16 The Reference Committee recommends that Resolution 6 not be adopted.

17 Note – The Reference Committee appreciates that this is an important issue but is
18 not clear how to achieve this goal given the current economic climate.

19
20 **RESOLUTION 7 – RESOLUTION SUBMISSION BY INDIVIDUAL MEMBERS**

21
22 *Resolved, that individual members and preferably, county medical societies, have*
23 *the right to submit resolutions to the MSNJ House of Delegates so that all*
24 *member voices can be heard.*

25
26 **Recommendation:**

27
28 The Reference Committee recommends that Resolution 7 not be adopted.

29
30 Note – Resolutions can be submitted by an individual throughout the year using
31 the Revolving Reference Committee but limited to the county medical societies
32 for the House of Delegates due to the volume of resolutions.

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1 **RESOLUTION 8 – 2016 ANNUAL FUND**

2
3 *Resolved, that MSNJ establish an ~~annual~~-fund to cover ~~yearly~~ expenses in*
4 *preparation for the 250th anniversary in 2016, to be dispersed at the discretion of*
5 *the Board upon receiving requests from the History 2016 Committee.*

6
7 **Recommendation:**

8
9 The Reference Committee recommends that Resolution 8 be adopted as amended.

10
11 **RESOLUTION 9 – EXTENDED HOME HEALTHCARE RIDER INSURANCE**
12 **POLICIES**

13
14 *Resolved, that MSNJ invite home healthcare insurance experts to the Policy and*
15 *Strategy Panel to create an add-on rider.*

16
17 **Recommendation:**

18
19 The Reference Committee recommends that Resolution 9 be referred to the Board
20 of Trustees.

21
22 **RESOLUTION 10 – ~~FINDING~~ PREPARING SHELTERS FOR THE DISABLED**
23 **DURING A DISASTER**

24
25 *Resolved, that MSNJ invite experts in the establishment of shelters for the*
26 *disabled during disasters to the Policy and Strategy Panel.*

27
28 **Recommendation:**

29
30 The Reference Committee recommends that Resolution 10 be adopted as
31 amended.

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1 **RESOLUTION 11 – PREPARATIONS FOR PORT OF ENTRY INFECTIONS**

2
3 *Resolved, that MSNJ assist county societies in contacting their county Office of*
4 *Emergency Management to discuss the handling of people and pets at ports of*
5 *entry who are sickened already or have been exposed to life-threatening*
6 *infections.*

7
8 **Recommendation:**

9
10 The Reference Committee recommends that Resolution 11 not be adopted.
11 Note – The Reference Committee finds that this is not a county function. It would
12 be better handled by FEMA and Homeland Security.

13
14 **RESOLUTION 12 – PURCHASE REIMBURSEMENT FOR AN ELECTRONIC**
15 **MEDICAL RECORD SYSTEM (EMR)**

16
17 *Resolved, that MSNJ assist county societies in finding government-approved*
18 *oversight agencies to help members meet the requirements for purchase*
19 *reimbursement on the Electronic Medical Record system.*

20
21 **Recommendation:**

22
23 The Reference Committee recommends that Resolution 12 be adopted as an on
24 going member benefit.

25
26 Note – MSNJ participates in NJ Health Information Technology Extension Center
27 (NJHITEC).

28
29 **RESOLUTION 13 – CHILDHOOD VACCINES**

30
31 *Resolved, that MSNJ petition the AMA to seek legislation which includes*
32 *vaccination for all children under the “Vaccine for Children Grant”.*

33
34 **Recommendation:**

35
36 The Reference Committee recommends that Resolution 13 be adopted as
37 amended.

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1 **RESOLUTION 14 – TASK FORCE ON ETHICAL DECISIONS DURING A**
2 **DISASTER**

3
4 *Resolved, that the Medical Society of New Jersey establish a Task Force to study*
5 *and suggest guidance on Ethical Decisions concerning shortages of hospital beds,*
6 *medicine, respirators and vaccines during a disaster and invite those who will*
7 *head Central Command Posts to serve this Task Force.*

8
9 **Recommendation:**

10
11 The Reference Committee recommends that Resolution 14 be referred to the
12 Board of Trustees.

13
14 **RESOLUTION 15 –GUARANTEE THAT PATIENTS KNOW WHO THEY ARE**
15 **SEEING**

16
17 *Resolved, that the Medical Society of New Jersey seek to encourage the New*
18 *Jersey Legislature to enact legislation that requires all health care professionals*
19 *to wear photo identification badges that state their credentials in large block*
20 *letters with descriptions such as “physician” or “registered nurse.”*

21
22 **Recommendation:**

23
24 The Reference Committee recommends that Resolution 15 not be adopted.

25
26 Note – The Reference Committee found that the weight of the testimony was
27 against the Resolution 15.

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1 **RESOLUTION 16 –MEDICAL RESIDENT POSITION ON THE MSNJ BOARD**
2 **OF TRUSTEES**

3
4 *Resolved, that MSNJ shall create a position on the Board of Trustees for a*
5 *medical resident, adding one member to the MSNJ Board of Trustees with voting*
6 *rights; and be it further*

7
8 *Resolved, that the medical resident Board member shall not be eligible for any*
9 *MSNJ elected position but may attend MSNJ section meetings ex-officio.*

10
11 **Recommendation:**

12
13 The Reference Committee recommends that Resolution 16 be referred to the
14 Board of Trustees.

15
16 Note – MSNJ Policy #200.94 establishes a seat on the Board of Trustees for a
17 medical resident. The policy does not confer voting rights. The Reference
18 Committee determined that the question of voting rights should be referred to the
19 Board of Trustees.

20
21 **RESOLUTION 17 – TRUTH IN MEDICAL ADVERTISING**

22
23 *Resolved, that MSNJ urge the passage of legislation requiring that any*
24 *advertisements for medical services include the health professional’s title,*
25 *educational degree and license type.*

26
27 **Recommendation:**

28
29 The Reference Committee recommends that Resolution 17 be adopted as
30 amended.

31
32 **RESOLUTION 18 – NUMBER OF DELEGATES IN THE MSNJ HOUSE OF**
33 **DELEGATES**

34
35 *Resolved, that MSNJ change the number of delegates to 1 delegate per 35*
36 *members, or major portion thereof; and be it further*

37
38 *Resolved, that counties with less than 15 members be allotted 1 delegate, and*
39 *counties with less than 50 members be allotted 2 delegates.*

40
41 **Recommendation:**

42
43 The Reference Committee recommends that Resolution 18 not be adopted.

1 **RESOLUTION 19 – CONTROL OF PHYSICIAN PRACTICE BY INSURANCE**
2 **COMPANIES THROUGH CARECORE NATIONAL**

3
4 *Resolved, that MSNJ work with the Department of Banking and Insurance and the*
5 *legislature, if necessary, to assure that management guidelines are appropriate*
6 *and conform to Specialty Society guidelines, that physicians have the ability to*
7 *appeal denials within 24 hours to a physician of the same specialty in active*
8 *practice in New Jersey with the authority to make exceptions to the guidelines,*
9 *and that insurance companies employing utilization review companies such as*
10 *CareCore National management be required to make full disclosure to existing*
11 *and potential policyholders; and be it further*

12
13 *Resolved, that reviews by utilization review companies be conducted by a*
14 *physician of the same specialty.*

15
16 **Recommendation:**

17
18 The Reference Committee recommends that Resolution 19 be adopted as
19 amended.

20
21 **RESOLUTION 20 – CMS RAC AUDITS**

22
23 *Resolved, that MSNJ Insurance Agency considers a member benefit of a group*
24 *policy insuring against fines and penalties as a result of RAC audits.*

25
26 **Recommendation:**

27
28 The Reference Committee recommends that Resolution 20 be referred to the
29 Board of Trustees for further study and recommendation.

30
31 Note – The Reference Committee believes that insuring against fines and
32 penalties is not an insurable risk. The Reference Committee recommends referral,
33 so the Board of Trustees can research this issue.

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1 **RESOLUTION 21 – MSNJ EFFECT ON COUNTY MEDICAL SOCIETY**
2 **INCOME**

3
4 *Resolved, that any financial agreements between MSNJ and any entities that may*
5 *affect dues income shall only be binding for MSNJ and not an individual county*
6 *medical society or the county medical societies as a whole.*

7
8 **Recommendation:**

9
10 The Reference Committee recommends that Resolution 21 not be adopted.

11
12 **RESOLUTION 22 – CORE VALUES**

13
14 *Resolved, that our American Medical Association will craft a short list of “Core*
15 *Values” that will be our AMA guiding principles; and be it further*

16
17 *Resolved, that the first “core value” will be that our AMA will vigorously work to*
18 *promote and to fully defend the time-honored social contract between the*
19 *individual patient and his/her physician because it is the very basis for quality*
20 *medical care; and be it further*

21
22 *Resolved, that the second “core value” will be that our AMA will vigorously work*
23 *to promote and to fully defend the delivery of quality medical care as defined and*
24 *described in our AMA Policies; and be it further*

25
26 *Resolved, that the third “core value” will be that our AMA will vigorously work*
27 *to promote and to require that all physicians will provide quality medical care, to*
28 *the best of their ability, without fear or favor, every time, for every patient, and be*
29 *it further*

30
31 *Resolved, that this resolution be forwarded to our AMA House of Delegates as an*
32 *item of business at the next AMA House of Delegates meeting.*

33
34 **Recommendation:**

35
36 The Reference Committee recommends that Resolution 22 be adopted.

37
38
39 **Membership of the Committee:**

40
41 Nicole A. Henry-Dindial, MD, Chair; John J. DiGioia, Jr., MD, William C. Franckle, IV,
42 MD, David E. Konigsberg, MD, and Steven L. Richards, MD